Nieuw Amsterdam HALW Inc. Urine Drug Test & Consent Forms 5/24/00

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Holland America Line Windstar Cruises
Urine drug test consent form

HOLLAND AMERICA LINE WINDSTAR CRUISES

URINE DRUG TEST & CONSENT FORM

			SHIP	: N.EUW ITMSTER	<u>-04</u>
		ha Purnamafi Drt number:		Bellony	— —
++++++++++++++++++++++++++++++++++++++	ed of the reas			test, and I consent to pro	
		rsonnel at this point t ch may alter my test		n, or am taking the follow	ing
DRUG TAKEN:			DATE(S): _		
D100 1.22			DATE(S):		-
NOT APPLICAE	LE X				-
I understand that collection process	alteration of may result i	this consent form, re n disciplinary action i	fusal to consent including termin	to, or cooperate fully win	th the
		ne specimen to the c	ollegor.	l	
ludha A.en	1cm9	X Mm	JANY!	<u> \$/24/α</u>)
Judha fuen Employee Name	<u> </u>	Signature	N	Date	
				performed the Triage Dru	
Felt John	nstone	Pi Lew Signature	Indore Re		100
***********	******	******	******	*******	*****
RESULTS: Phencycliding Cocaine Amphetaming Marijuana	es (AMP) (THC)	POS NEG POS NEG			
Opiates Sent for Confirma		POS NEG			
nu	mber on this	e is being sent out form, the sealed spec Signature:	or confirmation t imen and the co	testing. The sample ID onfirmation test request ar	e

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URINE DRUG TEST & CONSENT FORM

SHIP: Nicuw Amslerora NAME: anton Widodo FUNCTION: 6PA HS K I have been advised of the reason for the collection of a urine drug test, and I consent to providing a urine sample for testing. I am informing the medical personnel at this point that I have taken, or am taking the following medication or illicit drugs which may alter my test results. DRUG TAKEN: DATE(S): _ DATE(S): NOT APPLICABLE I understand that alteration of this consent form, refusal to consent to, or cooperate fully with the collection process may result in disciplinary action including termination. I certify that I provided my urine specimen to the collector. Inton Widodo
Employee Name I certify that I received the specimen from the employee and that I performed the Triage Drug Test RESULTS: Phencyclidine (PCP) POS NEG POS/NEG Cocaine (COC) POS NEG Amphetamines (AMP) Marijuana (THC) POS! NEG **Opiates** (OPI) POS Sent for Confirmation? YES, this sample is being sent out for confirmation testing. The sample ID number on this form, the sealed specimen and the confirmation test request are all the same. Signature:

Appendix B

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Holland America Line Windstar Cruises Urine drug test consent form

HOLLAND AMERICA LINE WINDSTAR CRUISES

URINE DRUG TEST & CONSENT FORM

ORINE DRUG	SH	11:10:10:10	- Anstrulan
- A 100 5 0 0 11.	TINIOTION.	~ ~ · · · ·	< k
NAME: Adri-Saryodi REGISTRATION OR PASSORT NUM	FUNCTION:	CYA H	21/
REGISTRATION OR PASSORT NUM	BER:	 	
+++++++++++++++++++++++++++++++++++++			
I have been advised of the reason for the	collection of a urine di	rug test, and	I consent to providing
a urine sample for testing.	•		
		•	Liu - Al - Cillandia
I am informing the medical personnel at	inis point that I have ta	ken, or am u	ixing me ionowing
medication or illicit drugs which may alto	er my test results.		
DRUG TAKEN: <u>-tylenol</u>	DATE(S):		
	DATE(S):	· ·	
NOT APPLICABLE			
I understand that alteration of this conse	at form, refusal to cons	ent to, or co	operate fully with the
collection process may result in disciplina	ary action including ten	mination.	
	4 44 .		•
I certify that I provided my urine specime	en to the collector.		
A			-را د اسر
Adri Suryadi X Employee Name			5/2+/a Date
Employee Name 'S	ignature /		Date
			
I certify that I received the specimen from	n the employee and tha	t I performed	the Image Drug Tes
_			-1/
ASD I like stone Ral a	1 Charles	Ru	5/24/00
ASRI Johnstone Ray C RN/Physician (Collector) S	impature 13NDOW		Dota
KN/Physician (Collector)	181191file \	*********	Jaic :++++++++++++
N 10 T 1 M 10	X		
RESULTS:			
Phencyclidine (PCP) POS N Cocaine (COC) POS N			
Cocame (COC) POS N	EG		
	EG \		•
	EG .		•
Opiates (OPI) POS N	EG /		
\			
Sent for Confirmation?		_	
YES, this sample is being	sent out for confirmation	on testing. T	he sample ID
number on this form, the	sealed specimen and the	confirmatio	n test request are
all the same. Signature:			
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HOLLAND AMERICA LINE WINDSTAR CRUISES

URINE DRUG TEST & CONSENT FORM

SHIP: <u>Λ) ευ υ</u>	Hynstelow
NAME: AGUS Setiawan function: CB5 REGISTRATION OR PASSORT NUMBER: 20718	
I have been advised of the reason for the collection of a urine drug test, and I caurine sample for testing.	consent to providing
I am informing the medical personnel at this point that I have taken, or am taki medication or illicit drugs which may alter my test results. DRUG TAKEN: 12 Clizare DATE(S):	
NOT APPLICABLE DATE(S):	
NOT ATTEICABLE	
I understand that alteration of this consent form, refusal to consent to, or coop collection process may result in disciplinary action including termination.	erate fully with the
I contify that I provided my urine specimen to the collector.	
(has	5 kg/n
Employee Name Signature I	Date
I certify that I received the specimen from the employee and that I performed the	
TERI JUNETONE RN Signature Day	124/00
**************************************	C +************
Phencyclidine (PCP) POS NEG Cocaine (COC) POS NEG Amphetamines (AMP) POS NEG Marijuana (THC) POS NEG Opiates (OPI) POS NEG	•
Sent for Confirmation? YES, this sample is being sent out for confirmation testing. The number on this form, the sealed specimen and the confirmation to all the same. Signature:	est request are